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Health and Wellness Coaching for Older Adults within a Faith Community

Julie K. Philbrook

Submitted in partial fulfillment of the
Requirement for the degree of
Master of Arts in Nursing

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA
2011

**Augsburg College
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form**

This is to certify that **Julie K. Philbrook** has successfully defended her Graduate Project entitled "**Health and Wellness Coaching for Older Adults within a Faith Community**" and fulfilled the requirements for the Master of Arts in Nursing degree.

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ABSTRACT

By the year 2030, an estimated 22 % of the U.S. population will be older than 65, which translates to more than 70 million people. Maintaining and improving an older adult's functional status in all aspects of his or her life will be crucial for elderly persons, their communities, and society as a whole. Nurses practicing within a faith community have a unique opportunity to autonomously implement community-focused wellness programs that will honor each person's self described needs. The purpose of this project is to develop a nurse facilitated health and wellness program for older adults in a suburban Lutheran faith community. The program is based on the Rosemarie Parse's Human Becoming School of Thought and incorporates the concept of health coaching.

Keywords: Human becoming school of thought, Faith community nurse, health coaching

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Chapter One

Health and Wellness Coaching for Older Adults within a Faith Community

In the last 25 years in the United States there has been a major shift in health care delivery from traditional hospitals, clinics, and public health agencies to new and emerging community-based settings, which include community clinics, adult day cares, and short-term rehabilitation centers. One unique setting that has evolved is within faith communities. Providing holistic community-focused care within faith communities has grown out of the parish nurse movement of the 1980s. The term *faith community* refers to a group of people who share a particular set of religious beliefs. A growing number of nurses today are working within a wide variety of faith communities, including churches, synagogues, and mosques, to promote health by integrating religious beliefs and spirituality with health and healing knowledge (Chase-Ziolek, 1999).

The Deaconess Parish Nurse Ministries International Parish Nurse Resource Center (2011) estimates that over 15,000 registered nurses (RNs) in the United States have completed a parish nurse preparation course. Parish nurses are also referred to as faith community nurses (FCNs), and they serve a variety of faith communities, assuming roles of health resource, personal health counselor, referral source, and liaison with community resources. The FCN may also function as a coordinator of volunteer and support groups (McDermott, 1993).

FCNs are becoming an increasingly critical health resource as the U.S. population grows older. By the year 2030, an estimated 22 % of the U.S. population will be older than 65, which translates to more than 70 million people (White, Drechsel, & Johnson, 2006). Maintaining and improving older adults' functional status in all aspects of their life will be crucial within faith communities and society as a whole. Nurses practicing within a faith community have a unique

opportunity to autonomously implement community-focused wellness programs that will honor each person's self described needs. The programs can be tailored to meet the needs of the members of faith communities by synthesizing needs assessment data and assisting members to assess their own wellness status. The FCN can also provide educative-supportive care, which can enhance a person's success in achieving self-determined health goals. Miskelly (1995) contended that education, health counseling, and operating within a supportive environment all can contribute to the development of health enhancing behaviors, especially with older adults.

Purpose of the Project

The purpose of this project is to develop a nurse facilitated health and wellness program for older adults in a suburban Lutheran faith community. The program is based on Rosemarie Parse's (2008) Human Becoming School of Thought (HBST) and incorporates the concept of health coaching as Cohen (2011) described into the plans for program implementation.

Background of Faith Community Nursing

The concept of faith community nursing was first introduced in the United States in the 1980s by Reverend Doctor Granger Westberg in response to a need for health care services for low-income individuals (Bunkers, 1998). Westberg referred to this nursing practice within Judeo-Christian religious communities as *parish nursing*. As parish nursing grew and nurses began to serve within other faith communities, the term *faith community nursing* (FCN) was adopted. In the past 10 years, professional FCN organizations have been formed. In addition several colleges have developed FCN preparation courses for registered nurses. For example, Concordia College in Moorhead, Minnesota and Bethel University in St. Paul, Minnesota both offer courses to prepare nurses practice in faith communities. To further the development of FCNs as a specialty field the Health Ministries Association, in conjunction with the American

Nurses Association, developed the Scope and Standards of Parish Nursing Practice, which is utilized to guide the practice of FCNs across the US (American Nurses Association, 2005).

FCNs value the concepts of caring, health, healing, personal knowing, and holism. According to Hickman (2006), “Holism is the integration of the physical, psychological, social and aspects of the patient harmony with self, others, the environment, and God” (p. 254). Personal knowing is the cornerstone on which holistic practice is based, making possible wholeness of self. It is through personal knowing that FCNs can embrace and value the wholeness, spirituality, and integrity of each person they serve. In each encounter, they can then seek to affirm the uniqueness of each person and that person’s unique experiences (Chinn & Kramer, 2008).

Significance of the Project to Nursing

FCNs are professionals who are called and committed to the healing ministry of the church, helping meet the emotional, physical, and spiritual needs of the members. They also play a vital role in health care delivery. As healthcare has become increasingly segmented and complex, people often have difficulty sorting out and receiving the services they need.

With the growing number of older adults in the community, FCNs have a unique opportunity within a faith community to implement wellness programs. Through personal reflection, nurse coaching, and goal setting, the wellness program will assist older adults to identify self selected interventions that promote their holistic health and wellness goals. In turn the church and community will benefit from having healthier members. The goal is to not only provide nurses with a program to guide and coach the older adult toward wellness but decrease the demand for healthcare and disease management.

Background of Parse's Human Becoming School of Thought

Dr. Rosemarie Parse is a graduate of Duquesne University in Pittsburgh and received her master's and doctorate in nursing from the University of Pittsburgh. She was a member of the faculty of the University of Pittsburgh and serves as Dean of the Nursing School at Duquesne University. Dr. Parse is the founder and current Editor of *Nursing Science Quarterly*, and President of Discovery International, Inc. She is also founder of the Institute of Human Becoming (International Consortium of Parse Scholars, 2011). Parse (2008) contended that human beings cannot be reduced to component systems or parts. She also maintained that nurses require a unique knowledge base that informs their practice. The foundational philosophy and concepts that make up this knowledge base is known as the Human Becoming School of Thought (HBST).

HBST is at the leading edge of current pioneering trends in co-participative, person-centered nursing, and it is clearly applicable to working with faith communities and other groups. Nurses who practice the HBST engage persons and groups in dialogue, mutually select activities and topics for exploration, and together create an action plan for addressing concerns of individuals and groups. The goal is to help persons move beyond the “now moment” toward their hopes and dreams of what is to be (Kelley, 1995). As such, nursing practice within the HBST focuses on honoring human dignity and freedom to choose one's own path toward health. Power is recognized as inherent within the person.

By utilizing Parse's HBST, nurses can establish a caring practice that will provide holistic care for people they serve, all while honoring their human dignity and freedom of the person. In HBST personal values are respected, and consideration for a person's ideas is given freely (Parse, 1992; Schweitzer, Norberg, & Larson, 2002). Indeed, Parse (1992) encourages caregivers to try to understand the person's health situation from the person's individual view of

what is happening. HBST is guided by the theoretical principles that human beings are free agents and meaning givers, choosing rhythmical patterns of relating while reaching for personal hopes and dreams. By utilizing Parse's HBST, FCNs can establish a nursing health and wellness model that will provide holistic person-centered care for the faith communities they serve, all while honoring the human dignity and freedom of persons choosing their own health goals and action plans.

Parse's (1992) multiple projects and interests are focused on lived experiences of health and human becoming. She has developed basic and applied science research methodologies congruent with the ontology of human becoming, and she has conducted and published numerous investigations on a wide variety of phenomena. Philosophical underpinnings of Parse's school of thought are structured around three abiding themes of meaning, rhythmicity, and transcendence, as defined:

- Meaning is the act of people co participating in creating what is real for them, through self-expression in living their values in a chosen way.
- Rhythmicity is unity of life that encompasses apparent opposites in rhythmic patterns of relating. It means that in living moment-to-moment, one may show or not show themselves as opportunities and limitations emerge in moving with and apart from others.
- Transcendence means that moving beyond the "now" moment is forging a unique personal path for oneself in the midst of ambiguity and continuous change.

(Parse, 1993, p. 53).

As she developed her theory, Parse (2008) drew on the tenants of intentionality and human subjectivity and the corresponding concepts of coconstitution, coexistence, and situated

freedom; she uses the prefix *co*, on many of her words to denote the participated nature of persons. *Co* means *together with* and for Parse, humans can never be separated from their relationships with the universe. Woven into the abiding themes are principles and themes as shown in Figure 1.1.

Figure 1.1

Human Becoming School of Thought Assumptions and Principles

| Assumptions about the Human and Becoming | Assumptions about Human Becoming | Principles of Human Becoming |
|---|--|--|
| <p>The human is coexisting while co-constituting rhythmical patterns with the universe.</p> <p>The human is open, freely choosing meaning in situation, bearing responsibility for decisions.</p> <p>The human is unitary, continuously coconstituting patterns of relating.</p> <p>The human is transcending multidimensionally with the possibilities.</p> <p>Becoming is unitary human-livinig-health.</p> <p>Becoming is a rhythmically coconsituting human-universe process.</p> <p>Becoming is the human's patterns of relating value priorities.</p> <p>Becoming is an intersubjective process of transcending with the possibilities.</p> | <p>Human becoming is freely choosing personal meaning in situation in the intersubjective process of living value priorities.</p> <p>Human becoming is cocreating rhythmical patterns of relating in mutual process with the universe.</p> | <p><i>Structuring meaning multidimensionally</i> is co-creating reality through the language of valuing and imaging.</p> <p><i>Cocreating rhythmical patterns</i> of relating is living the paradoxical unity of revealing-conceding and enabling-limiting while connecting-separating.</p> <p><i>Cotranscending with the possibilities</i> is powering unique ways of originating in the process of transforming.</p> |

Adapted from Parse, R.R. (1998). *The human becoming school of thought*. Thousand Oaks, CA: Sage.

Schweitzer (2002) noted that HBST is an interactive relationship of caring, and this caring is expressed by helping others achieve their economic, social, and spiritual fulfillment. The nurse is always respectful of personal values and freely gives consideration to people. According to Parse (2008) "...a nurse living the theory of human becoming in practice is open to a person's uniqueness and possibilities (p.371). Parse further stated that "...people change moment to moment as they live value priorities, which are living health" (p. 371).

Summary

Parse's (2008) HBST provides an excellent theoretical foundation for the development of a faith community nursing program. The concepts of her theory consider the culture of the faith community in discovering new ways of involving persons as experts in their own lives. The faith community model of care also honors persons as experts in their own lives and entails the evolution of a variety of health and wellness programs to address the health priorities as faith community members or congregations have identified (Bunkers, 1998).

Faith communities have been identified as effective sites for community-based health promotion and disease prevention interventions. Within the faith community, the FCN is a trusted resource person and consultant to individuals seeking to improve their quality of life. FCNs provide an educational -supportive relationship, which can empower people to achieve self-determined health goals (Miskelly, 1995).

With the growing number of older adults in the community, FCNs have a unique opportunity within a faith community to implement wellness programs. Through personal reflection, nurse coaching, and goal setting, the FCN program will assist the older adult to identify self-selected interventions that promote their holistic health and wellness goals.

Chapter two will provide a review of the literature which describes a) community-based health and wellness programs, b) programs that lift up health and wellness coaching for older adults, and (c) ways that Parse's HBST has been applied in the care groups, including faith communities.

Chapter Two

A Review of the Literature

Parse (1998) herself has written about the Human Becoming School of Thought (HBST) and others have referred to her theory their work with various population groups. This chapter will provide a review of literature that (a) describes community-based health and wellness programs, (b) programs that lift up health and wellness coaching for older adults, and (c) ways that Parse's HBST has been applied in the care groups, including faith communities.

Review of Community-based Health and Wellness Programs

Several health and wellness programs have been created specifically to promote and assess health and wellness of individuals and groups. For example, the *Enhance Wellness* program is a community-based, health promotion and disability prevention intervention intended to preserve the health and functioning of elders residing in the community who have a high risk of functional decline because of chronic conditions (Fitts, Won, Williams, Snyder, Yukawa, Legner, & Phelan, 2008)

Enhance Wellness is delivered in senior centers or other community settings by nurses and social workers trained in individualized assessment and counseling for behavior modification to reduce disability risk factors (e.g., depression, physical inactivity). Enhance Wellness emphasizes collaborative, client centered care in a nonclinical setting. To enhance older adults' self efficacy in managing chronic conditions, adapting behaviors (e.g., regular physical activity) that have been shown to reduce disability risk, Enhance Wellness staff employ motivational interviewing and behavior change strategies. (Fitts et al, 2008).

Another program is entitled, *Health Enhancement Program and Senior Wellness Program* of Seattle, Washington. Like the Enhance Wellness program, the Health Enhancement

Program and Senior Wellness Programs incorporates a menu of disability-prevention strategies, with health coaching, patient education on the self-management of chronic illness, and fitness forming the program's core. The program was successful in recruiting participants into project-sponsored, community-based, and self-directed disability-prevention programming. This is particularly true for programming related to diet, exercise, and various aspects of disease management (Holland, S.K., Greenberg, J., Tidwell, L., & Newcomer, R. 2003).

The Wilmington Senior Center in Delaware developed a 3-year multidisciplinary health and wellness initiative entitled *The Time of Your Life: Growing Older, Staying Healthy*. The program was developed to promote healthy aging for participants attending countywide senior centers. Post-series focus groups indicated that topics of most interest to seniors were money management, medications, and staying mentally and physically fit. The evaluations showed that long-term programming, while challenging, can be a successful and sustainable format for senior health education (Kuczmarski & Cotugna, 2009).

Finding spiritual well being and balance is the basis for a program developed by the InterLutheran Coordinating Committee on Ministerial Health and Wellness of the Evangelical Lutheran Church in America and the Lutheran Church—Missouri Synod (1997) entitled, *That You May Be Well*. The foundational model for the program is the Wholeness Wheel (See Appendix). The wheel is a visual representation of what it means to live as whole people of God. It has no defined spokes and blurred edges dividing the six dimensions of well-being. This intentional blurring represents that each domain does not stand alone, but must be blended with the others in order to have balanced wholeness. A healthy person's spiritual well-being wraps around in and through each dimension of well being and serves to center people as life's challenges bring people in and out a balance. In the model, wholeness is described as a lifelong

journey.

A fourth program, *Faithfully Fit Forever*, is a faith-based, community-based wellness program. This collaborative and interdisciplinary program utilizes the expertise and experience of clinically based exercise physiologists, the enthusiasm and compassion of the FCN, and the faith community members. The program combines a focus on exercise and health education with spiritual and mental wellness. The primary goal is to advocate personal wellness, including physical, emotional, intellectual, social, and spiritual well-being (White, Drechsel, & Johnson, 2006).

Models of Health and Wellness Coaching

Health and wellness coaching is a method of engaging and guiding others to discover and address their own need for holistic well-being (Huffman, 2010). This intervention can be an integral part of a health promotion initiative because it affords the FCN a framework for proactively engaging and assisting people to make positive lifestyle changes, improving health outcomes, and reducing health care costs. People are often overwhelmed by all the changes they feel they need to address in their lives. The nurse as a health and wellness coach, however, can develop a partnership with a person based on trust and begin to help him or her set goals with small action steps (Ross, 2011). Implementation of health and wellness coaching within a faith community has the advantage of working with persons who have a common bond of a shared belief system (Hickman, 2006). Furthermore, a consistent group of people has proven to be relatively receptive to health and wellness interventions.

Bennett and her colleagues (2005) describe an innovative health coaching program that utilized motivational interviewing. Their project, the *Healthy Aging Project*, tested nurse coaching as a method to support healthy behavior change in older adults. Participants in the

intervention group chose the health behaviors they wanted to change and nurses coached them in a single in-person session followed by telephone calls or e-mail contact for 6 months. Nurses were trained in motivational interviewing. . At the end of the study, participants in the intervention group had significantly less illness intrusiveness and health distress than the control group at 6 months, although it is not known whether these health outcomes resulted from behavior changes. However, this clinical demonstration project showed that nurse-delivered motivational interviewing, primarily using the telephone and e-mail, is a feasible method to discuss behavioral change with older adults.

Application of Human Becoming School of Thought within Groups

In practice, Parse's (2008) HBST is at the leading edge of pioneering trends in co-participative person-centered nursing care that is applicable to working with groups of all ages in both secular and faith communities. A crucial belief within Parse's (2008) theory is that human beings know their own way and freely choose from options (Cody, 2003). To develop models of leadership and service delivery, many care systems have used Parse's principles of HBST. . These models include the *Charlotte Rainbow PRISM Model* (Cody 2003) and the *Health Action Model for Partnership in Community* (Bunkers, 2003), and Parse's (2008) own *Human Becoming Leading-Following Model*.

According to Cody (2003), the PRISM Model of community health nursing services delivery was developed using the philosophy, principles, and assumptions of HBST, blended with principles and assumptions of community-based and community-focused nursing. Woven throughout this model is the respect for diversity. PRISM is an acronym for:

- **Presence-** being with another person face to face
- **Respect-** honoring personal dignity and a persons' rights and responsibility to

make personal choices

- **Information-** listening while being mindful that the person makes his or her own choices and then offer support for those choices
- **Services-** Helpful acts for what the person see as desirable and meaningful
- **Movement-** Change in desirable directions as defined by the person- the nurse follows the lead of the person served

The Health Action Model for Partnership defines community as a process of living in relationship and advanced practice community nurses focus on the connections-disconnections within a community (Bunkers, 2003). This model uses health action plans to assist people or communities to explore their hopes and fears for changing patterns of health. The intent of this model is to connect with people or communities with true presence with the goal of understanding their health experiences as well as their hopes for changing health patterns (Malinski, 2011).

According to Parse (2008), “*The Leading-Following Model* is born from beliefs about humans and human universe as an indivisible, unpredictable and ever changing” (p. 375). This model focuses on human dignity and freedom where the power is with the person and offers an alternative to the traditional ways of being with people. “Central to the Human becoming Leading-Following Model is the idea that human reality is a seamless symphony of becoming” (Parse, 2008, p.371). The model provides a guide for the FCN who is working with faith community members to identify their own health and wellness goals. The model offers an alternative to the traditional role of the nurse of providing care to people to being with people as they journey toward their living their own vision for health and wellness (Parse, 2008). A person

living this model addresses six key concepts of insight, wisdom, reverence, fairness, prudence and simplicity (Figure 2.1).

Figure 2.1
Living the Art of Leading- Following

| Insight is being available to new seeing | Wisdom is being patient with unfolding | Reverence is respecting differences | Fairness is fostering integrity | Prudence is guarding with circumspection | Simplicity is engaging artfully |
|---|---|--|---|--|---|
| Being with the tones, posture and configurations Moving with the slice of meaning moments as the whole-in- motion Being available to surprise | Respecting the dissonance Acknowledging subtleties Thinking beyond the moment | Knowing the power in glimpsing the moment Celebrating achievements Understanding uniqueness | Being just Trusting the process Being honest | Being discreet with information Being vigilant with engagements Recognizing Diversity | Clarifying Conspicuously Specifying distinctly Penetrating complexities with candor |

Adapted from Parse, R. R. (2008). The human becoming leading-following model. *Nursing Science Quarterly*, 21, 374.

Addressing the Needs of Older Adults

By 2030, the number of Americans age 65 years and older is estimated to be 71.5 million, more than double what it is in 2011. The Centers for Disease Control and Prevention (2010) Healthy People 2020 Plan provides national objectives for improving the health of all Americans. For the first time, it includes objectives aimed at the goal to improve the health, function and quality of life for older adults. Many older adults live alone without support from a

caregiver. As a result, they need to be more physically, emotionally, spiritually, intellectually, occupationally and socially healthy for independent living. The benefits of improved whole-person wellness for older adults include increased quality of life, longer and healthier life, active social interaction, mental and emotional health, and financial independence (Shellman, 2000).

In their study, White et al., (2006), concluded that older adults are at risk for numerous acute and chronic health conditions. Many of these conditions can be prevented or better managed by participation in health promotion and wellness programming. The social support found through involvement in a faith community makes this setting an ideal place for offering health promotion and wellness programming. The roles of the FCN and the relationship of trust they form with parishioners are invaluable in empowering people to make positive lifestyle changes through promotion and wellness programming that encourages positive lifestyles.

Nurses are confronted with diverse cultures in every clinical setting. For the FCNs, the individual faith communities and the denominations to which they belong have cultures that share values based on religious beliefs. They also share an identity, a history, a heritage, a worldview, symbols, and rituals (McDermott, 1993). Solari-Twadell & McDermott, (1999), defined a faith community as a group of people who regularly meet to share their common history, values, and beliefs about their relationships with a higher power and others in the world. Other characteristics that set faith communities apart from other settings included relative stability in the community and general community respect.

In the United States, older adults often make up the majority of the faith community. This community offers a safe, familiar environment that nurtures people's feelings of belonging. Faith communities often act as extended families to older adults by offering comfort and support in good and bad times. Places of worship promote a sense of community and togetherness that

encourages people to make positive life choices. Some members are more likely to feel comfortable discussing health issues and exercising with other familiar, and often supportive, peer members of their faith community. In the decades to come, there will be an increasing need for creative exercise and wellness programs specifically designed for older adults and those facing barriers, causing them not to be involved in traditional exercise and wellness programs (Fitts et al., 2008).

Summary

A FCN practice involves functioning as a health educator, personal health counselor, coordinator of volunteers, community liaison, and role model of the interrelationship between faith and health (Solari-Twadell & Westberg, 1991). The literature supports both the importance and effectiveness of promoting health and wellness through health coaching, especially with older adults. More importantly it supports the underlying principles of Parse's theory, which focuses on quality of life as persons themselves describe. Chapter three will describe a practice model for a FCN facilitated holistic health and wellness program based in the HBST for older adults within a faith community.

Chapter 3

Development of the Practice Model

Quality of life is a central concept within Parse's human becoming school of thought (HBST). Parse (2008) wrote, "Quality of life is the incarnation of lived experiences in the individual human's views on living moment to moment (becoming) as the changing patterns of shifting perspectives weave the fabric of life through the human-universe process" (p. 31). In this view, the question of whether a person's quality of life is or is not acceptable to them is entirely determined by the individual whose quality of life is in question. Working within this model, the FCN seeks the individual's view of his or her quality of life. The nurse then provides a space through *true presence* within which the person explores with the nurse how he or she wishes to *live* life.

Development of Health and Wellness Practice Model

According to the Inter Lutheran Coordinating Committee on Ministerial Health and Wellness of the Evangelical Lutheran Church in America and the Lutheran Church—Missouri Synod. (1997), finding spiritual well being and balance is the basis for their program entitled *That You May Be Well*. The foundational model for the program is the Wholeness Wheel. The wheel is a visual representation of what it means to live as whole people of God. A healthy person's spiritual well-being wraps around in and through each dimension of well being and serves to center people as life's challenges bring people in and out a balance. In the model, wholeness is described as a lifelong journey.

The FCNs' Health and Wellness Coaching Practice Model (Figure 3.1) was designed using the concepts the Wholeness Wheel provides. At the center of the wheel is Human Becoming because Parse's (2008) HBST focuses on honoring human dignity and freedom,

where power is recognized as inherent. Personal values are respected, and consideration to people and ideas is given freely (Parse, 1992; Schweitzer et al., 2002). Parse's (2008) three abiding themes: meaning, rhythmicity, and transcendence, surround the wheel to represent the dynamic aspect of holism and wellness as a continuous process of human becoming. Each of the six sections of the wheel identifies an aspect of personal knowing and well-being with lines that flow toward the middle and then back out to themes, with the sections blurring into one another. The blurring of the colors represents the interconnectedness and interdependence of each aspect. In the model, the person co participates in the process while seeking meaning, identifies opportunities and limitations as they emerge through transcendence, and forges a unique personal path for themselves while in the midst of ambiguity and continuous change or rhythmicity.

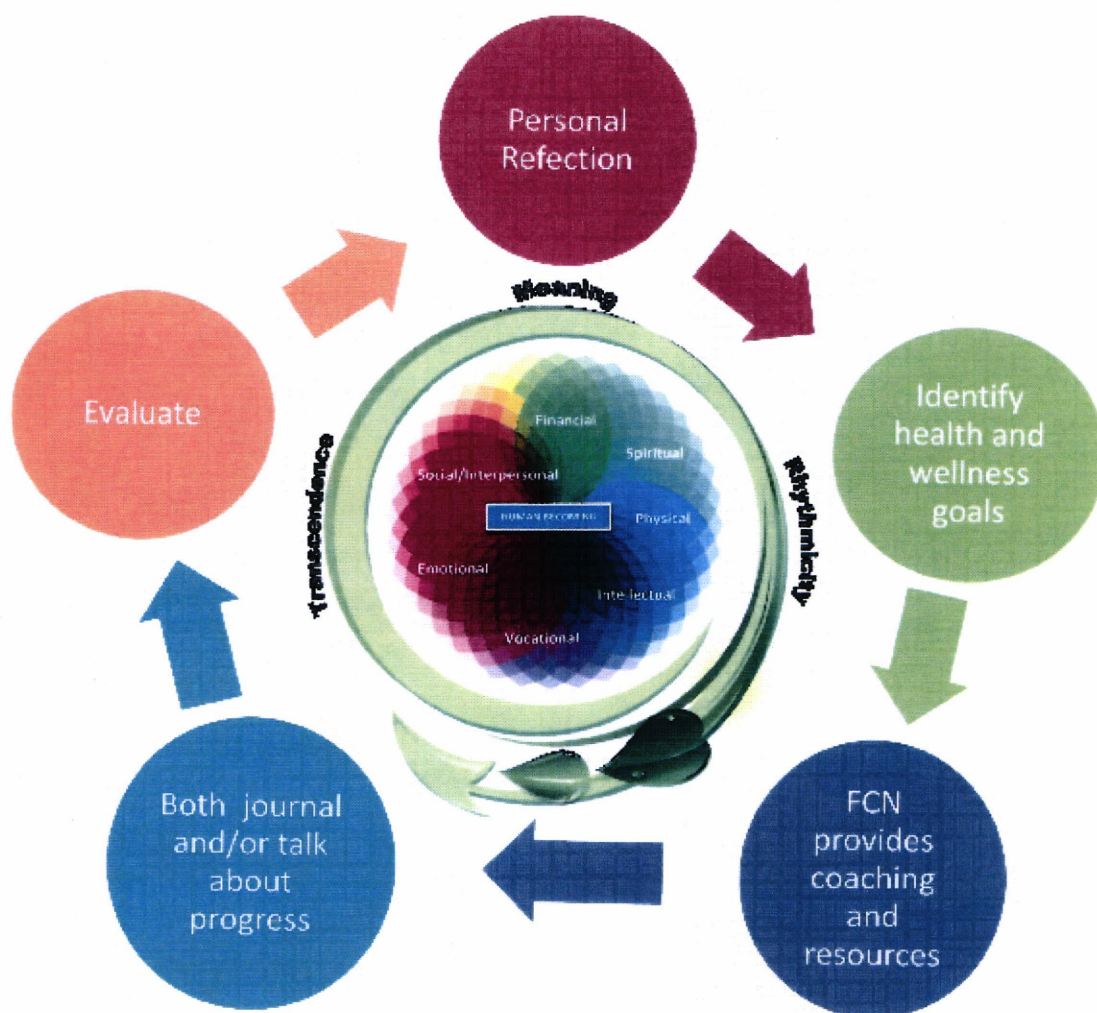
The six aspects of well-being include:

- **Physical** (body)--the tangible structure and the five senses that enable a person to touch, see, hear, smell and taste the world
- **Emotional** (feelings)--the full range of emotions from fear and anger to love and joy
- **Mental** (thoughts)-- knowledge, attitudes and beliefs; the analytical self
- **Spiritual** (spirit)-- relationships with self, creativity, life purpose, and relationship with a higher power.
- **Interpersonal** (social) Relationships with others, family, friends, social networks
- **Vocational** (talents) life's work and passions faithful stewards of talents and abilities
- **Financial** (security) stewardship that embraces resilience, sustainability and generosity.

(InterLutheran Coordinating Committee on Ministerial Health and Wellness of the Evangelical Lutheran Church in America and the Lutheran Church, 1997).

Figure 1

The FCNs' Health and Wellness Coaching Practice Model



Assumptions about the FCN Health and Wellness Model

According to Corberley, C., Rula, E.Y., & Pope, J.E. (2011), "Health is more than the absence of disease. Health is a state of optimal well-being" (p.12). Optimal well-being is a concept of health that goes beyond the curing of illness to one of achieving wellness. Achieving wellness requires balancing the various aspects of the whole person. This broader, holistic approach to health involves the integration of all of the aspects and is an ongoing process. According to Parse's (1992) HBST, people may change health patterns in true presence with the nurse when they change their value priorities because health is a personal commitment co-created with others.

The assumptions about this model include:

- Older adults value feeling well and living a productive life
- Based on Parse's HBST older adults can successfully make changes in their life when they are able to choose and bear responsibility for patterns of personal health and wellbeing
- The FCN can utilize health coaching to successfully partner with older adults to attain their health and wellness goals

Synthesis of Parse's Leading Following Model and FCN Health and Wellness Model

Parse's (2006) model of *human becoming* emphasizes how individuals choose and bear responsibility for patterns of personal health and well-being. To understand wellness, it helps for people to think of themselves as a body with many parts (spiritual, financial, physical, interpersonal, emotional, mental, and vocational). For the body to be effective, each aspect (or member) must have its needs met and work in harmony with the other.

All of these aspects work together. What happens to one aspect can affect all the others people's behavior and the choices they make will affect their overall health. In order for them to reach their wellness goals, they must first define what wellness means to them. As described in chapter two, several programs have been developed to aid a person in defining wellness. These programs become the tool box that the FCN can enlist to guide and coach people toward their goals and develop a health and wellness action plan.

According to the American Holistic Health Association (2003), wellness programs are different from traditional recreational activities often associated with social and exercise programming for seniors offered in the community. They are created from the foundation that addresses the needs, interests, and abilities of the individuals and then adds in one more essential ingredient that of finding new ways to generate a spark in interests not yet dreamed about.

Wellness programs speak to the inner spirit of the people who would be more active if only these new, exciting concepts in wellness could be provided to them. In addition to the traditional exercise programs associated with health and wellness, a holistic program might offer a journaling activity for de-stressing; these have shown wonderful results in alleviating trauma, grief, and symptoms of illness or depression. Another unique therapeutic approaches include art therapies for those who are not artists but simply enjoy art. Theatrical therapies can increase memory, visual acuity, and respiration, not to mention improving their sense of well-being (American Holistic Health Association, 2003).

Health Coaching

One weakness of the *That You May Be Well* program (InterLutheran Coordinating Committee on Ministerial Health and Wellness of the Evangelical Lutheran Church in America and the Lutheran Church—Missouri Synod, 1997) is there is no planned follow through once a

person has been through the class and identified his or her need areas. The FCN Health and Wellness Coaching Model incorporates personal coaching to help aid the older adult as they move toward their desired goals. According to Huffman (2010), health coaching is a structured, supportive partnership between the participant and the coach that effectively motivates behavior change. Although individuals may know they should adopt healthful behaviors, they may not be motivated to do so. In other words, they are ambivalent to change. By contrast, health coaching engages individuals to actively discover why they are ambivalent about change, integrating health teaching during the process. Throughout this time, it is the individual's agenda not that of the health care professional, that directs the course for change.

The health coaching framework is based on the premise that health behavior change comes from within the person, which increases the likelihood that ambivalence about change will be replaced by readiness to change. Huffman (2011) stated

An effective health coach is nonjudgmental, listens effectively, elicits what is important to workers, helps set safe and realistic goals, gives objective feedback, guides workers to identify both obstacles and support, helps develop a plan of action, and instills accountability for change. (p. 245)

Health coaching provides the FCN a framework for proactively engaging and assisting people to make positive lifestyle changes, improving health outcomes and reducing health care cost.

Health and Wellness Personal Reflections and Action Plan

The last decade has seen a large growth in the development of wellness programs and wellness consulting. With an ever-growing senior generation living active and productive lives well into their late 90s, the trend has been to try to expand the quality of their life with more attention to preventative self-care and motivation. An effective wellness programs addresses this

need (Shellman, 2000). The FCN Health and Wellness Coaching model integrates the *That You May Be Well* Wholeness Wheel with Parse's (2008).

HBST Principles and Health Coaching Techniques

The first step for the older adult using the FCN Health and Wellness Coaching Model (Figure 3.1) is personal reflection. This can be accomplished through the use of preexisting tools, journaling, or dialogue, which will assist the person to identify aspects of life he or she wishes to improve. The second step is setting up personal goals and an action plan. The Faith Community Nurse Network (2011) web site provides a comprehensive list of resources for Minnesota. During the third step, the FCN can serve as the wellness coach and a conduit to community resources that help the person move toward his or her goal. It may be as simple as providing a phone number or internet link for the person to access, or if desired, the FCN may offer to help setting up the services the person desires to access. The extent of involvement of the FCN in process is mutually agreed on by the nurse and the older adult.

The fourth step in the process includes ongoing reflection by both parties. This might be accomplished through journaling, phone calls or face-to-face meeting to discuss how the process is going, as well as the effectiveness of the coaching relationship. The fifth step is to take time to evaluate the whole process. This step should not be seen as the end, as health and wellness is a fluid ongoing process. Instead, this is a time to step back and for each person to ask some questions. They may include

- Are the health and wellness goals still the same as when the process started?
- Have things changed and are there now other aspects of their life that need more focus?
- Are there additional resources the FCN can offer to help in these goals?

- Is the coaching relationship positive and productive for both people involved?
- Should the coaching relationship continue?

Health and Wellness Coaching Model for Older Adults within a Faith Community

In order to help people learn how to create a personal wellness plan and believe in their ability to carry it out, the FCN wellness coach seeks to form a partnership with the older adult. This intervention focuses on determining readiness to change; tailoring interventions and education to match readiness; and helping people gain new patterns of thinking, doing, and relating.

Through this process, older adults learn how to accept responsibility for their own well-being and find creative answers to move past challenges, which will result in long-lasting results. The focus of the model is to move away from an individual's ineffective behaviors, with an emphasis on their strengths and opportunities (Cohen, 2011).

The goals of the FCN Health and Wellness Coaching Model include

- Empowering older adults in a suburban Lutheran church to identify their personal health and wellness issues and personal goals,
- Providing support through personal coaching and access to resources, and
- Facilitating programs that assist the older adults to make informed decisions about their wellbeing through awareness and education.

The review of the literature in chapter two provides several useful tools that the FCN can utilize to help the older adult explore their needs. There is no one method or tool that will work with everyone; it is up to each individual to decide what plan will work best. The FCN's role is to coach along the way and to provide suggestions and resources if needed.

The FCN is in a unique position to implement this type of model. Unlike most nurses who work within a healthcare system or public health agencies, the FCN works within a faith community; they are often already a trusted member of the congregation, making the FCN a logical resource for older adult members. According to Parse (2008), “The possibilities for nurses to work with people and be involved with teaching-learning in community are endless” (p. 10). However, for many nurses, Parse’s (2008) HBST is in conflict with the clinical care model traditionally used in public and community health.

Areas of Conflict with Nursing Theory Based Models and Clinical Care Models

Parse’s (1992) view of community differs in several ways from the traditional view of community as an aggregate of people, a geographic location, and/or a specific social system. The human becoming perspective on community poses the following:

- community is a process that lives with each individual; it is not defined by certain numbers of persons;
- community is the individual living a personal history cocreated with the universe; community is everywhere, not just in a certain geographic location;
- community is coconstituted with personal histories of all present; it is ever-changing and is more than demographics and vital statistics;
- community is human connectedness with beliefs and values; although unique patterns within community reflect diverse meanings of individuals, it is not defined by sameness;
- community is human inter connectedness with all that is; it is not a specified social system (p.40).

With the profound changes in healthcare and healthcare delivery systems, it is time for nursing to critically examine its beliefs and values surrounding the concept of community and community health nursing practice. Parse's (2008) alternative view of community offers such an opportunity for critical reflection.

Community, as a social system, is characterized by the interacting of persons for purposes of socialization, support, role development, and fulfillment of life goals. Community from the traditional nursing perspective is an entity external to the individual involving physical location linked to people sharing common characteristics and goals. Along with this understanding of community is a conventional definition of health from which nursing interventions arise. Health is viewed on a wellness-illness continuum ranging from "optimal health to total disability or death" (Bunkers, 1999). The FCN Health and Wellness Coaching Model provides a framework for addressing health beyond the traditional clinical care models.

Summary

Solari-Twadell & McDermott (2006) stated, "All human beings have foundational life experiences. Unless they are explored, these experiences can unknowingly provide the makings of core beliefs and values that may help or hinder what we are trying to do or be today" (p. 316). The Health and Wellness Coaching model illustrates the importance of self awareness, life balance, and connectedness. In this model, the FCN seeks to form relationships with the people they serve by providing coaching and support grounded in the principles of the HBST. Along with coaching from the FCN, older adults journey toward their self defined goals. Through this process of developing a relationship, connectedness is forged, and a sense of community is developed. An interactive relationship is one of caring, and this caring is expressed by helping others achieve their personal fulfillment.

Chapter 4:

Proposed Evaluation of the Practice Model

The goal of a FCN health and wellness practice model is to guide older adults toward improving their overall health and wellness through a variety of self-directed approaches, including reflection, identifying personal goals, partnering with a FCN for coaching and resources, ongoing reflection, and evaluation throughout this process the older adult is an important stakeholder in the program.

Bryson, Patton, and Bowman (2011) define stakeholders as “People who have a stake or a vested interest in the program, policy, or product being evaluated ... and therefore also have a stake in the evaluation” (p.2). One group of stakeholders are people who are the intended beneficiaries of the program, their families, and their communities. Evaluation stakeholders are intimately tied to the purposes of the evaluation, broadly categorized as: (a) making decisions about the program continue or abandon; (b) program improvement; (c) to add knowledge to the field and inform decision-making ;(d) support development of new innovations; or (e) accountability. The inclusion of the older adult as the stakeholder in determining how the health and wellness coaching program will be evaluated is key to the success of the program, while also honoring the HBST philosophy.

Program evaluation is a continuous process that tends to proceed through cycles of monitoring, revision and reevaluation. It serves two complementary functions—one is prospective to capitalize on strengths and continue those, and to isolate weaknesses and fix them; and the other is retrospective to document achievements and show evidence of results or outcomes (Huffman, 2010).

Criteria for Evaluation of Success

A FCN operating within the HBST will look to the older adult stakeholder to first establish the evaluation criteria before the program begins and then to evaluate if the program is successful for them. The fact that an original health and wellness goal was not met or there was a change in the course of action does not constitute a failure of the intervention. Actually, the fact that changes were made to address the needs of the person validates that the open and fluid process of human becoming was honored.

At a time agreed upon by both the FCN and the older adult, the following questions should be discussed (a) Are the health and wellness goals still the same as when the process started? (b) Are the health and wellness goals still the same as when the process started? (c) Have things changed and are there now other aspects of their life that need more focus? (d) Are there additional resources the FCN can offer to help in these goals? (d) Is the coaching relationship positive and productive for both people involved? and e) Does the person want to continue with the program?

After this time of reflection, the older adult may decide to continue on his or her chosen path or change to address another aspect of life. The older adult may wish to continue or terminate the coaching relationship with the FCN. The process of human becoming should always be evolving, changing, and fluid. The FCN should to remain open to these changes and encourage autonomy for the older adult.

Chapter Five

Conclusions, Recommendations, Reflections

Parse (1992) suggested that human beings are creative authors of their personal worlds. Health as a process of creative authorship is intimately linked to the person's chosen values. She stated, "Health is a synthesis of values and a personal responsibility that is chosen" (p.137). The FCN guided by Parse's (2008) HBST does not act according to beliefs aimed at control, and therefore there is no attempt to give information in order get the individual to think in certain ways. The Parse guided nurse offers information that it is requested and works under the person's direction. The nurse focuses on bearing witness in true presence to person's choices and should ask the person to speak about personal plans.

The FCN cannot give health because persons themselves freely create it. In addition, a nurse cannot direct others about what choices are best because it is the person who has unique vision of what might be. The nurse listens and respects the vision, even when it is different from what others might choose. In the end, the nurse celebrates the person's vision of freedom and seeks to know it so that others can enhance their understanding of human becoming (Parse, 1992).

Implication for Advanced Nursing Leadership

The face of aging in the United States is changing dramatically. People are living longer, achieving higher levels of education, living in poverty less often, and experiencing increasingly lower rates of disability. Life expectancy nearly doubled during the 20th century with a 10 -fold increase in the number of Americans age 65 or older. Modern medicine and new insights into lifestyle and other environmental influences are allowing a growing number of people to remain

healthy and socially and emotionally vital into advanced ages. As life expectancy increases, however, diseases and conditions that threaten the health of older people remain a concern.

Aging is not as a single process but rather an intricate web of interdependent genetic, biochemical, physiological, economic, social, and psychological factors, some of which are better understood than others (Aldelson, 2005). By addressing the health and wellness needs of older adults, the FCN is taking the lead in addressing the health disparities that affect this sector of the population.

Implications for Decreasing Health Inequities with Older Adults

Older adults who age in a healthy way and who take responsibility for their own health offer a positive alternative and change the perception that older adults are a burden on society. As life expectancy increases among all population groups, there are more adults living with one or more chronic conditions that may not affect the length of life but may dramatically affect quality of life.

According to Adelson (2005),

Health disparities are those indicators of a relative disproportionate burden of disease on a particular population. Health inequities point to the underlying causes of the disparities, many if not most of which sit largely outside of the typically constituted domain of health (p. S45).

The U.S. Department of Health and Human Services Health People (2010) reported that older adults are among the fastest growing age groups, and the first “baby boomers” (adults born between 1946 and 1964) will turn 65 in 2011. More than 37 million people in this group (60%) will manage more than one chronic condition by 2030. Older adults are at high risk for developing chronic illnesses and related disabilities. These chronic conditions include diabetes

mellitus, arthritis, congestive heart failure, and dementia. Many experience hospitalizations, nursing home admissions, and low-quality care. They also may lose the ability to live independently at home. Preventive health services are valuable for maintaining the quality of life and wellness of older adults. The ability to complete basic daily activities may decrease if illness, chronic disease, or injury limits physical or mental abilities of older adults. These limitations make it hard for older adults to remain independent, productive and in their own home.

Early prevention and physical activity can help prevent such declines. Unfortunately, less than 20% of older adults engage in enough physical activity, and fewer do strength training. Older adults want to remain in their communities as long as possible. Unfortunately, when they acquire disabilities, there is often not enough support available to help them. States that invest in such services show lower rates of growth in long-term care expenditures (Aldelson, 2005). Behaviors such as participation in physical activity, self-management of chronic diseases, or use of preventive health services can improve health outcomes.

Implications for the Next Step

As creative ways are sought to address health and wellness needs, there needs to be awareness of the synergistic effect created through providing nursing care in context of a faith community that both practically and conceptually integrates faith and health. As described in the literature review, there are many approaches a FCN can take to help people address their wellness needs (Chase-Ziolek & Iris, 2002). The next step in creating a health and wellness program for older adults within a faith community will include partnering with the pastoral staff to set up a program, that the church endorses and in which the church encourages people to participate. This can be accomplished through the church newsletter, web site, Sunday morning

sermons, and offering workshops. The FCN can then work with people on a one-to-one basis as they define their personal plans for health and wellness.

Lessons Learned From This Process and New Insights

A health and wellness coaching program based within a faith community can help eliminate some of the barriers that exist for people, especially older adults wishing to make positive lifestyle changes. The safe supportive and familiar setting of a place of worship provides an excellent avenue for making these changes. The FCN guides, supports, and encourages people to strive toward their self-selected goals for health and wellness. This relationship is a powerful link in the empowerment of faith community members on their journey to wellness and successful aging (White et al., 2006). Research on the effectiveness of this model that includes feedback from both the FCN and the older adult is recommended.

Summary

The FCN guided by Parse's (2008) HBST does not act according to beliefs aimed at control and therefore there is no attempt to give information in order get the individual to think in certain ways. The Parse guided nurse offers requested information and functions under the person's direction. The nurse focuses on bearing witness in true presence to person's choices. Parse (2008) contended that if nurses want to know what persons are going to do in situations, they should ask the persons to speak about their plans.

Parse (1992) suggested that human beings are creative authors of their personal worlds. Health as a process of creative authorship is intimately linked to the person's chosen values. Parse (1992) said health is "a synthesis of values and a personal responsibility that is chosen" (p.137). From Parse's (2008) view, the nurse cannot give health because people freely create it themselves. In addition, a nurse cannot direct others about what choices are best because it is the

person who has unique vision of what might be. The nurse listens and respects the vision, even when it is different from what others might choose. The nurse celebrates the person's vision of freedom and seeks to know it so that others can enhance their understanding of human becoming (Parse, 1998)

Health is a personal commitment that each person lives with personal values and priorities health and human becoming perspective is not the opposite of disease or a state that a person has, but rather a continuously changing process that individuals co-create for themselves. The FCN Health and Wellness Coaching Model serves as a template for both the nurse and older adult to help guide them through the process.

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Appendix

The Wholeness Wheel



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